

48th Langmant Turker Trat

SATURDAY, NOVEMBER 8, 2014 AT 9 A.M.

ALTONA MIDDLE SCHOOL - 4600 CLOVER BASIN DR







Name.					
Address:					
City:	State:	Zip:	Pho	one:	
Email:			—— Ger	nder (circle one):	Male / Female
Birth Date: Age or	n Race Day: ——				
Race shirt size (circle one): Youth: Y	M YL	Adult: XS	s M	L XL	XXL
Pre-registration entry fee (circle one):	10K Adult: \$24	10K Youth : ((19 & under) \$	20 10K Senior :	(60 & over): \$20
	2mi <i>Adult:</i> \$20) 2mi Youth : ((19 & under) \$	18 2mi <i>Senior:</i>	(60 & over): \$18
Wheelchair Division (circle one): Yes	s / No	*Registration j	ee increases by	\$5 for all races on	Friday, Nov. 7.
Packet Pick-Up: Friday Nov. 7, 4-6:30pm at the Longmont Recreation Center, 310 Quail Rd or Race day 7-8:30am					
Send form by Monday, Nov. 3 with payment to: Centennial Pool, 1201 Alpine St, Longmont, CO 80504					
Checks payable to: City of Longmont	•				
www.longmontcolorado.gov/departme					
Please read and accept the liability/release waivers by ADULT RELEASE, LIABILITY WAIVER AND HOLD HARM I understand that there are certain risks involved with HOLD HARMLESS THE CITY OF LONGMONT, AND ITS of any kind arising due to bodily injury, illness, death City's activities. This RELEASE, LIABILITY WAIVER AN reckless actions or gross negligence of the City of LongMINOR CHILD RELEASE, LIABILITY WAIVER AND HOLD I understand that there are certain risks involved with participa AND AGREE TO HOLD HARMLESS THE CITY OF LONGMONT, IT due to bodily injury, illness, death and/or property damage res RELEASE, LIABILITY WAIVER AND HOLD HARMLESS STATEME officers, agents, volunteers, assistants or employees. EMERGENCY MEDICAL AUTHORIZATION: In the event of injury or illness, I give permission to tomy child(ren)/ward(s). I agree to pay all reasonable that the City of Longmont is not liable for payment of PHOTOGRAPH RELEASE I permit the City of Longmont to take and use photo This includes permission to publish photographs of remain the property of the City of Longmont. Printed Participant Name:	LESS STATEMENT h participating in the C OFFICERS, AGENTS, VO and/or property dama ID HOLD HARMLESS ST gmont, or its officers, a HARMLESS ating in the City of Longmon S OFFICERS, AGENTS, VOLU- sulting from any incident w NT does not apply if such in the City of Longmont ar expenses for medical a such expenses. Ographs of me and/or in me and/or my child/wa	DLUNTEERS, ASSISTA age resulting from an FATEMENT does not gents, volunteers, as not activity identified about JNTEERS, ASSISTANTS, in hich may occur to my maniury, death or damage and its employees and and related treatme	NTS, AND EMPLOYERS in cident which me to apply if such injures is sistants or employers. On behalf of my mand EMPLOYEES, from ninor child as a result out is caused by the willfurd volunteers to obtain obtained for me to purpose of promes. I understand that	EES, from any and every nay occur to me as a resiry, death or damage is ees. inor child identified below, I any and every claim, demarf my minor child's participatial, reckless or gross negligence ain emergency medical and/or my child(ren)/we noting City of Longmont t such photographs of medical stand and photographs of medical stand photographs of medical standard photographs of me	claim, demand or action ult of participating in the caused by the willful or hereby RELEASE, DISCHARGE and or action of any kind arising ing in the City's activities. This are of the City of Longmont, its treatment for me and/or vard(s) and further agree as programs and activities. The and/or my child/ward
Participant/Parent/Guardian Signa					
rai iicipani/Pareni/Guardian Signa	iture				LONGMONT

CC

Cash

Check#:__

Paid by: Check

Total: _____